RULE-MAKING ORDER		CR-103 (June 2004) (Implements RCW 34.05.360)			
Agency: Department of Social and Health Services, Aging and Disabili Services Administration	ty	<ul> <li>✓ Permanent Rule</li> <li>✓ Emergency Rule</li> </ul>			
Effective date of rule:  Permanent Rules	E	ffective date of rule: Emergency Rules Immediately upon filing. Later (specify)			
Any other findings required by other provisions of law as preconding Yes No If Yes, explain:	tion to	adoption or effectiveness of rule?			
Purpose: The purpose of the amended sections is to expand the population el (SSP) to include certain individuals in residential settings; to clarify a who were previously on Family Support are eligible to receive; to exp Security Income to qualify for SSP; and to establish rules allowing or	nd incr	ease the amount of SSP certain individuals e window for the receipt of Supplemental			
Citation of existing rules affected by this order:  Repealed: None Amended: WAC 388-827-0115 and WAC 388-827-0145 Suspended: None		"Added by DSHS after Filing" ADOPTION PERMANENT			
Statutory authority for adoption: RCW 71A.12.030, RCW 74.04.	057	EMERGENCY			
Other authority: 20 CFR 416.2099  PERMÁNENT RULE ONLY (Including Expedited Rule Making)  Adopted under notice filed as WSR 06-21-120 on October 17, 20  Describe any changes other than editing from proposed to adopted WAC 388-827-0145(2)(a)(ii) is amended for clarity to read: "The remarked traditional family support or family support opportunities may be authored will be paid directly to the provider."  If a preliminary cost-benefit analysis was prepared under RCW 34.0 contacting: N/A. These rules relate only to medical and financial elig 34.05.328(5)(b)(vii).	version nainder norized	up to the maximum allowed-yearly award for by DDD to purchase HCBS waiver services a final cost-benefit analysis is available by			
EMERGENCY RULE ONLY  Under RCW 34.05.350 the agency for good cause finds:  ☐ That immediate adoption, amendment, or repeal of a rule is ne health, safety, or general welfare, and that observing the time comment upon adoption of a permanent rule would be contrar  ☐ That state or federal law or federal rule or a federal deadline for immediate adoption of a rule.  Reasons for this finding:	require y to the	ements of notice and opportunity to e public interest.			
Date adopted:		CODE DEVICED HOE ONLY			

NAME (TYPE OR PRINT) Andy Fernando

SIGNATURE

TITLE Manager, Rules and Policies Assistance Unit

CODE REVISER USE ONLY DEC 4 2006 4:21

## Note: If any category is left blank, it will be calculated as zero. No descriptive text.

Count by whole WAC sections only, from the WAC number through the history note.

A section may be counted in more than one category.

The number of sections adopted in or	rder to co	mply with:					
Federal statute:	New		Amended	-	Repealed		
Federal rules or standards:	New		Amended		Repealed		
Recently enacted state statutes:	New	_	Amended		Repealed	_	
The number of sections adopted at the	e request	of a nongo	vernmental e	ntity:		1- 14	
	New	. <u>. ).</u>	Amended	_	Repealed	-	
The number of sections adopted in th	e agency	s own initia	tive:				
	New	_	Amended	· —	Repealed	_	
The number of sections adopted in or	rder to cla	rify, stream	line, or reforn	n agency p	procedures:		
	New		Amended	2	Repealed	_	
The number of sections adopted usin	g:						
Negotiated rule making:	New	_	Amended		Repealed	_	
Pilot rule making:	New	_	Amended		Repealed		
Other alternative rule making:	New		Amended	2	Repealed	_	

AMENDATORY SECTION (Amending WSR 05-10-039, filed 4/28/05, effective 5/29/05)

WAC 388-827-0115 What are the programmatic eligibility requirements for DDD/SSP? (1) You received one or more of the following services from DDD with state-only funding between March 1, 2001 and June 30, 2003 and continue to demonstrate a need for and meet the DDD program eligibility requirements for these services. Additionally, you must have been eligible for or received SSI prior to July 1, ((2003)) 2006; or you received Social Security Title II benefits as a disabled adult child prior to July 1, ((2003)) 2006 and would have been eligible for SSI if you did not receive these benefits.

- (a) Certain voluntary placement program services, which include:
  - (i) Foster care basic maintenance,
  - (ii) Foster care specialized support,
  - (iii) Agency specialized support,
  - (iv) Staffed residential home,
  - (v) Out-of-home respite care,
  - (vi) Agency in-home specialized support,
  - (vii) Group care basic maintenance,
  - (viii) Group care specialized support,
  - (ix) Transportation,
  - (x) Agency attendant care,
  - (xi) Child care,
  - (xii) Professional services,
  - (xiii) Nursing services,
  - (xiv) Interpreter services,
  - (b) Family support;
  - (c) One or more of the following residential services:
  - (i) Adult family home,
  - (ii) Adult residential care facility,
  - (iii) Alternative living,
  - (iv) Group home,
  - (v) Supported living,
  - (vi) Agency attendant care,
  - (vii) Supported living or other residential service allowance,
- (viii) Intensive individual supported living support (companion homes).
- (2) For individuals with community protection issues as defined in WAC 388-820-020, the department will determine eligibility for SSP on a case-by-case basis.
  - (3) For new authorizations of family support opportunity:
- (a) You were on the family support opportunity waiting list prior to January 1, 2003; and
  - (b) You are on the home and community based services (HCBS)
- waiver administered by DDD; and
- (c) You continue to meet the eligibility requirements for the family support opportunity program contained in WAC 388-825-200 through 388-825-242; and

(d) You must have been eligible for or received SSI prior to July 1, 2003; or you received Social Security Title II benefits as a disabled adult child prior to July 1, 2003 and would have been eligible for SSI if you did not receive these benefits.

(4) For individuals on one of the HCBS waivers administered by

DDD (Basic, Basic Plus, Core or community protection):

(a) You must have been eligible for or received SSI prior to April 1, 2004; and

(b) You were determined eligible for SSP prior to April 1, 2004.

2004.

(5) You received Medicaid personal care (MPC) between

September 2003 and August 2004; and

(a) You are under age eighteen at the time of your initial comprehensive assessment and reporting evaluation (CARE) assessment;

(b) You received or were eligible to receive SSI at the time of your initial CARE assessment;

(c) You are not on a home and community based services waiver administered by DDD; and

(d) You live with your family, as defined in WAC 388-825-020.

(6) If you meet all of the requirements listed in (5) above,

your SSP will continue.

(7) You received one or more of the following state-only funded residential services between July 1, 2003 and June 30, 2006 and continue to demonstrate a need for and meet the DDD program eligibility requirements for these services:

(a) Adult residential care facility;

(b) Alternative living;

(c) Group home;

(d) Supported living;

(e) Agency attendant care;

(f) Supported living or other residential allowance.

AMENDATORY SECTION (Amending WSR 05-10-039, filed 4/28/05, effective 5/29/05)

WAC 388-827-0145 How much money will I receive? The purpose of the SSP is to increase the amount of income to meet your needs. The department will determine your payment amount based on your

living arrangement and your assessed needs.

(1) For residential and voluntary place

(1) For residential and voluntary placement program services, the amount of your SSP will be based on the amount of state-only dollars spent on certain services at the time the funding source was converted to SSP. If the type of your residential living arrangement changes, your need will be reassessed and your payment adjusted based on your new living arrangement and assessed need.

(2) For family support services, refer to WAC 388-825-200

through ((388-825-284)) 388-825-256.

(a) If you are on the home and community based services (HCBS) waiver administered by DDD:

(i) You will receive nine hundred dollars DDD/SSP money per year to use as you determine.

(ii) The remainder up to the maximum ((allowed)) yearly award for traditional family support or family support opportunities may be authorized by DDD to purchase HCBS waiver services and will be

paid directly to the provider.

(b) If you are not on the HCBS waiver administered by DDD, and you received state-only funding for the Traditional Family Support Program between March 1, 2001 and June 30, 2003 the amount of your SSP will be based on the yearly maximum allowed at the time the funding source was converted to SSP unless your need changes.

(i) Need is based on your Service Need Level and whether you receive Medicaid Personal Care as specified in WAC 388-825-254.

(ii) If your need changes, the amount of your SSP will be

adjusted accordingly.

- (c) If you are not on the HCBS waiver administered by DDD, and you received state-only funding for the Family Support Opportunity Program between March 1, 2001 and June 30, 2003 the amount of your SSP will be fifteen hundred dollars per year.
- (d) The yearly amount of DDD/SSP money will be prorated into monthly amounts. You will receive one twelfth of the yearly amount each month.
- (3) If you are eligible for SSP because you meet the criteria in WAC 388-827-0115 (5), you will receive one hundred dollars per month.
- ((<del>(a)</del> For individuals whose initial CARE assessment was completed prior to January 1, 2005, January 2005 is the first month for which payment is made.
- (b) For individuals whose initial CARE assessment is completed after December 31, 2004, the first month for which payment is made is the month in which the results of the initial CARE assessment are effective.))
- (4) DDD may authorize additional payments to certain individuals if the SSP budget has sufficient funds to allow this payment.